

THE existing Public Health Acts of 1872 and 1874 prohibit sanitary authorities and other parties from terminating their sewers in water-courses. Dr. Cameron, of Dublin, however, in a recent report on public health, considers that there are great difficulties in the way of disposing of sewage, and believes that in many cases it will be far the cheapest plan to allow the rivers to remain, as they have always been, the great natural drains, or main sewers of the country, and to procure supplies of pure water from a distant source.

WE are informed that the Royal Commission on Copyright has been definitely settled by the Government, and will, it is expected, meet to take evidence about January next, under the presidency of Earl Stanhope. The objects of the Commission will be to see how far, and in what direction, international, colonial, and domestic copyright can be improved. The subject is one of considerable interest to medical authors, some of whom will, we hope, be called before the Commission.

IN London 1483 deaths were registered last week, including 1 from small-pox, 36 from measles, 87 from scarlet fever, 7 from diphtheria, 50 from whooping-cough, 22 from different forms of fever, and 147 from diarrhoea. Different forms of violence caused 56 deaths, 10 of which were due to drowning. The Asylum District Fever and Small-pox Hospitals at Homerton and Stockwell contained, on the 14th inst., 225 patients, of whom 163 were under treatment for scarlet fever and 6 for small-pox.

THE Secretary of State for the Home Department has directed Colonel Cox, R.E., to hold an inquiry with reference to a complaint of the Lea Conservancy Board, that the purification and disinfection of the sewage matter passing through the sewage works of the Local Board of Tottenham are insufficient. The want of such an inquiry has been felt in the locality for a long time past.

LADY COTTESLOE died a few days ago from the effects of poison taken inadvertently. She was suffering from rheumatism, and, in addition to taking medicine, was using a lotion, which, in an unfortunate moment, she drank in mistake for the mixture. After two days' suffering she died. Her ladyship was seventy-two years of age. We suppose the lotion contained aconite or belladonna.

THE Governors of the Royal Infirmary for Children and Women, situated in Waterloo-bridge-road, have decided on temporarily closing the institution in order to make certain much-needed alterations. A ward capable of holding 25 additional beds is to be added to the building.

DR. HARDWICKE held several inquests this week on bodies where death was directly attributed to overcrowding and want of fresh air. Evidence of a shocking condition of existence was given, and the imperative necessity of an Artisans' Dwellings Act was demonstrated.

WE understand that Mr. Corbett has, in consequence of ill-health, resigned the chair of Anatomy and Physiology in Queen's College, Cork—an appointment that he has most creditably held for a period of twenty-four years.

ACCORDING to recent accounts from Rome, the Pope's health has greatly improved within the last few weeks. His Holiness now does a large amount of work.

WE understand that the epidemic of enteric fever in Müller's Orphan Houses, Bristol, has now been almost entirely stamped out.

## Correspondence.

"Audi alteram partem."

### THE CASE OF GENERAL REECE, C.B.

To the Editor of THE LANCET.

SIR,—The very singular medico-legal questions involved in the case of the late unfortunate gentleman, General Reece, the publicity given to it by the coroner's inquest held at his death, and the article in THE LANCET of last week, may render some authentic account of his case interesting to the profession.

On the 1st day of July last I was requested to see General Reece. I found him in his own lodgings, a comfortless room without carpet, in almost total darkness, the shutters being perforce closed, as the lower pane of the window had been broken. General Reece received me very politely. We had a long conversation. I gathered from him and from his attendants that on the 17th of March he had had a seizure of some kind in the night, that this was followed by paralysis of the lower extremities, which he erroneously thought was now better. He had two nurses from an institution in the neighbourhood during the whole time. Within the last three or four days they had sent to the same place for a male attendant, the General being beyond their control and having broken the window. Against this man General Reece spoke in terms of great dislike.

He had, besides the paralysis, bronchitis and some symptom of heart disease. I advised his removal to a house in which his son was lodging, some few doors off in the same street. I thought he had been well and judiciously treated by Dr. Broxholm, and his medical treatment therefore remained unaltered. I had no doubt that General Reece was of unsound mind, and that certificates of lunacy were legally indispensable in his removal. These were accordingly signed by Dr. Broxholm and myself. Dr. Wood was also consulted, but was unable to write a certificate, although perfectly agreeing with me in my opinion of the General's mental state.

It was found impossible to remove the General from his house, although Dr. Broxholm and I had thought it practicable the day before. The curious question then arose, Could a patient be legally kept under control without certificates in his own lodgings as he could be in his own house? Upon this the opinion of the Commissioners in Lunacy was obtained, and under their direction an order was made by the son of General Reece, authorising the detention of his father, addressed to Wheeler, another attendant from the same Institute for Nurses. The certificates, signed by Dr. Broxholm and myself, were put in force, and General Reece was placed under the protection of the Commissioners. Dr. Broxholm and I considered the General to be suffering under organic brain disease, and to be partially imbecile, the effect of age and hard service in India. If there could be any doubt as to the correctness of the conclusions arrived at by the constant medical attendant of the General and myself, it may be dispelled by the fact that Dr. Maudsley, on the 13th of July, made an affidavit to the fact that the General was the subject of "senile insanity." After frequent visits I made a similar affidavit about the same date, and these affidavits are confirmed by the "statement" sent up by Dr. Stewart, as the official medical attendant under the statutes of lunacy. Dr. Quain and Dr. Wilks were also consulted in General Reece's case. As far as I know there has been no opinion as to the sanity of General Reece given in opposition to our affidavits by them or any other physician.

On the 12th of July the General died. Mr. Low, his banker and executor, applied for a coroner's inquest, alleging that confinement as a lunatic had accelerated his death. The verdict, as a matter of course, was "Death from natural causes." One or two of the jury (not the coroner, as it was erroneously reported) thought that confinement as a lunatic had been injurious. They would hardly have thus given pain to the General's family if they had known that the employment of such confinement, light as it was, was forced upon them by the exigency of the lunacy laws, and in my opinion could not have been carried out with greater gentleness and skill than it was by Dr. Broxholm. It is signifi-

cant that Mr. Low should have made the application for an inquiry at the deceased General's own request. It was one of the marked characteristics of the General's infirmity of mind that he thought himself ill-treated by his sons, who, he thought, had kept him in bed, the fact being that he could not walk or even stand up without assistance.

In the opinion of Mr. Low, General Reece was always of sound mind. Upon his representation, the Commissioners in Lunacy made the most stringent inquiries into the case. At his application, judge's orders were freely made to give him access to the patient. At his desire, on the General's death, a coroner's inquest was held, at which Dr. Broxholm was closely examined. A writ of *habeas corpus* was also about to be issued; and, as it was, one of the judges himself went down to see the alleged lunatic, taking with him his own physician, Dr. Langston. It may be presumed that this course was adopted in order that the judge might be perfectly assured of the physical impossibility of the family of General Reece taking him into court. The action taken by the learned judge, Baron Cleasby, proves how much importance he attached to the question, and the promptitude with which he would have acted if he had found it necessary.

Mr. Low may be right; Dr. Broxholm, Dr. Maudsley, and Dr. Tuke, together with the family of General Reece, may be wrong. But it is abundantly clear that nothing has been done, on the one side, inconsistent with the conduct of people of proper feeling acting under the advice of physicians of reputation; nor, on the other side, has there been any difficulty in obtaining the fullest opportunity for investigation, and, if wrong had been committed, of speedy redress.

The case of General Reece shows very forcibly the intense jealousy of our English law of any undue interference with the liberty of the subject, and, with the present legal safeguards, the impossibility of any really sane man being wrongfully treated as a lunatic.

I am, Sir, your obedient servant,

HARRINGTON TUKE.

Albemarle-street, W., August 18th, 1875.

### WOOD v. THE MANCHESTER, SHEFFIELD, AND LINCOLNSHIRE RAILWAY COMPANY.

To the Editor of THE LANCET.

SIR,—I think this trial, both on account of the medical questions which were raised in its course, and of some incidents in connexion with it, is worthy of notice in your journal, and will be of more than usual interest to the profession. It was brought, as you will see from the accompanying report, by the widow of a farmer, to recover compensation for the death of her husband, which it was alleged was due to the negligence of the defendants.

On Nov. 21st last the deceased was travelling on the company's railway, and as his train was standing still at Conisborough Station an engine and tender ran into it. The deceased was much shaken, and received a blow on the head, which left a contusion the size of a florin, by being thrown against the door of the carriage. He received also minor injuries about his wrist and elbow. Immediately after he got home he complained of pain in the head, and spent a restless night. He was able, however, next day to go to Dr. Seaborne for advice, feeling very unwell. He was given an aperient, and advised to go to bed. The company's medical officer, Mr. Fox, visited the deceased on Nov. 30th, and found him suffering from headache, sleeplessness, and shakiness. There was still the bruise on the temple. Up to Dec. 24th deceased suffered more or less constantly from the same symptoms, at times more or less severe, but on that and the following day he appeared to be so much better that he hoped he had quite recovered his former good health. Indeed, for some days previously the advisability of coming to an arrangement with the company about compensation had been discussed.

Late on the evening of the 25th December, however, the headache and restlessness returned in a more intense form, this time accompanied with vomiting. From that date he kept his bed, Dr. Seaborne attending him, and he was so

much worse on January 2nd, that Mr. Lister, of Doncaster, was called in. His symptoms were then, intense headache, persistent vomiting, inability to retain food, constipation (except for two days, after a repeated aperient, of which more will be said), intolerance of light, muscular twitchings, and delirium. He was seen again by the company's medical officer on January 6th, who found him with a pulse of 130; temperature 103.4°; pupils dilated; a dry, brown tongue; pain on pressure in right iliac fossa. There was no rose rash anywhere on body. From this time until the 9th January, when he died, deceased gradually became comatose, with occasional violent delirium, convulsive twitchings, retention of urine, constipation, and dilated pupils. He was apparently partially conscious at times in the midst of his delirium, till near his death.

The post-mortem examination was arranged to be made on the 11th, and was fixed for 10 o'clock, notice of which was sent to the medical officer of the company. He did not, however, arrive till after 12 o'clock, and until, after waiting an hour or more for his attendance, the examination had commenced. It is owing to this unfortunate circumstance that a difference of opinion has existed with respect to the exact condition of the membranes, and the appearances they presented before and after his arrival—appearances which, from the peculiar nature of the case, were apparently the most important feature of the whole.

The contention of the railway company was, that deceased had, since the injury received (and for which they acknowledged their responsibility), contracted enteric fever and died of it.

The medical attendants of the deceased treated him for meningitis, and were of opinion that he died of that disease, and not of enteric fever. What light did the post-mortem throw on it? Did the appearances all point strongly to the one or undoubtedly to the other? And with respect to this part of the inquiry, and as one of the two gentlemen who made the examination, I will first mention those facts which were admitted by all to exist, and then those on which there was some difference of opinion. The conclusions which ought to be drawn from certain given conditions or groupings of facts I will not enter upon, except to indicate what were the views taken, and to give an example of the sort of questions raised, the attempted solution of which was attended with great difficulty to the legal mind. They are, indeed, purely medical questions, which, if they are cleared up, will certainly not be in a court of law. I think I am not wrong in describing the admitted facts of the post-mortem as these:—Lungs slightly congested; old pleuritic adhesions, left side; liver rather congested; heart healthy; kidneys healthy; duodenum, jejunum, and upper two-thirds of ileum healthy; in lower third of ileum intestinal catarrh; congestion and slight tumefaction of three or four of Peyer's patches; no ulceration; mucous membrane smooth and intact over its entire surface; no evidence of hæmorrhage in bowel; considerable quantity of healthy-looking faecal matter of firm consistence. Spleen variously estimated at from 7 to 10 ounces—not weighed; not unduly soft. On the part of some—*both* who actually made the post-mortem—there are stated to be appearances of recent acute inflammation of brain membranes—viz., thickening and opacity of arachnoid; patches of effused lymph; adhesions in anterior portion of dura mater to the bone, and of both layers of arachnoid; meningeal vessels turgid; brain slightly injected. Mr. Fox, the company's medical officer, who came late, could not admit seeing adhesions or effusion, but admitted seeing several "pieces" or "filaments" between the layers of arachnoid, these not being bloodvessels. This, I submit, is rather an important admission.

So much for the intrinsic facts of the case. Then, in support of the theory of enteric fever, the railway company brought forward witnesses to show that in May last year there was defective drainage in the neighbourhood, and that there was a tank into which the drainage ran, which tank overflowed to such an extent that the overflow might reach a well in a quarry at some distance, from which quarry well the water was fetched which the family of deceased had used; that in May, 1874, there had been three or four cases of fever, probably enteric, in cottages close at hand; that the water had been tested, and that the water from the quarry well contained .37 of a grain of ammonia per gallon, and some organic matter. This estimate was formed on